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Family Life Education: A Suggested Program

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How can we educate for family living, educating the emotions as well as the intellect, and developing skills in human relationships? Ideally we can begin doing something at each of the following levels:

Prenatal Counseling

Clinics and obstetricians can well add to their present emphasis upon physical health the understanding of emotional relationships during pregnancy. Some cities now have parent education instructors consulting with mothers in prenatal clinics while they are waiting for the doctor, and leading study groups of expectant mothers and fathers.

Counseling During Infancy

Recognition by well baby clinics and pediatricians that the physical health of the child is closely related to the mental health of the parents would lead to the enrichment of their services. Warm affectionate enjoyment of the child must be the major concern. Young parents could be directed to short unit adult classes discussing their problems and providing individual counseling.

Parent-Child Study Groups

The preschool period is the golden opportunity to assist the emotional development of both children and parents. After the child is two, the mother and child may participate in groups conducted under adult education. In some communities the class meets one morning per week with both mother and child present, the child for group experience, the motor to observe and discuss. Other communities have a cooperative five-day program with one-fifth of the mothers present each morning and all meeting one evening per week. The program is supported jointly by adult education as a nonprofit cooperative made up of the parents. In still other communities the entire cost of this program is borne by the public schools, utilizing such funds as are available through state and federal support.

Ultimately we hope to have one of these parent-child groups operating in every elementary, junior high, senior high, and junior college where students may observe children and study early development of behavior patterns.

Kindergarten Teachers With Half Time for Parent Contacts

Looking ahead, we are hoping that under state support for kindergartens, increasingly school systems will find it advantageous to use the kindergarten teachers for a single session allowing the other half day for work with parents, not only of kindergarten children but maintaining some contact with them throughout the elementary period. As space and kindergarten teachers become available, we would hope that where double sessions are necessary two kindergarten teachers might be employed with perhaps one accepting primary responsibility for the children's activities and the other specializing in the parent education aspects. The cost of such a program would be at least partially offset by being able to collect for the full-time kindergarten in operation and there seems no reason why the group work with adults could not be reimbursed as adult education.

Several communities are now looking forward to a new type of neighborhood school which will include their preschool program, kindergarten, and primary grades and they hope to maintain parent participation at all these levels in varying degrees.

Parent and Teacher Cooperation

1. Parent Interviews Instead of Report Cards

The shortcomings of report cards are obvious and we hope to see them gradually supplemented by parent interviews. Two or three conferences during the year between parent and teacher helps each to better understand the child and to plan cooperatively for maximum development.

2. School Demonstrations for Parents

Demonstrations are increasingly being used to acquaint parents with both purposes and methods of the school. These can well be followed by a discussion period and the parents helped to understand how they may contribute most to the child's progress in the particular field in which the demonstration, for example reading, is given.

3. A Program of Sex Education

A program of sex education with parents and teachers cooperating should be integrated throughout the preschool and elementary years. At the preschool level, parents should be helped to understand how to develop wholesome attitudes. They must have adequate information and specific help in breaking through the psychological blocks which are commonly present because of the manner in which the parents themselves received their knowledge. In the elementary school, beginning in the kindergarten, the use of pets, the hatching of chicks, and the use of nature study material, gives a natural stimulation for the child to gain insight into human sex differences and reproductive processes.

Teachers must be free to answer questions as naturally as parents. In probably the fifth and sixth grades, the scientific material regarding menstruation and adolescent changes can be presented to both boys and girls in as objective a way as any other scientific material. Instead of "too little and too late" they can thus be prepared to move out of the environment in which they are the oldest youngsters into the junior high school where they are the youngest, and where the problems of sex relationships are of greater concern.

4. Parents' Representatives on Curriculum Committees

Inclusion of parents' representatives on curriculum should help to vitalize the school program, particularly as it relates to family life education.

Study of the Family in Junior High School

During junior high school, science, social studies, homemaking, and literature can emphasize various aspects of personality development calling attention to the way in which our relationships within the family affect our ability to make and keep friends of both sexes. Literature can portray "the happy family" and can also be used to make students aware of different types of family problems created by a dominating father, a worrying mother, sibling rivalry, etc. Class discussion offers opportunity for a kind of group therapy and the introduction of many mental hygiene principles and concepts. Elementary concepts of child psychology would help students better understand younger brothers and sisters and could well be incorporated in training for "baby sitters."

Emphasis on Family Life in High School

At the senior high school level, practically every course in the curriculum can make its contribution to a better understanding of family and its problems. Why not teach the psychology of adolescence to adolescents? Biology, social science, literature, homemaking, consumer education, and health education can also help young people develop an appreciation of the importance of their own families and the families they are beginning to anticipate. Problems of dating and courtship, manners and morals should be treated wherever they are related to the subject matter and increasingly youngsters must be free to seek, and the teachers free to give, help in social and emotional problems, so intense at this period. Trained guidance personnel must be increased and teachers must be taught to recognize the symptoms which indicate referral to such personnel.

The schools in general must accept the responsibility for seeing that every youngster has the opportunity during this high school period to learn many forms of wholesome social activity in mixed groups both within the curriculum (for example, mixed swimming, volleyball, or badminton classes) and through clubs, etc. Some of the millions we are pouring into commercialized entertainment could well be diverted into such a school supervised program.

There are some who favor a course in family relations at the senior level which would require both boys and girls to cover units on mental hygiene, nutrition, health, consumer economics, mate selection, and child psychology. Only time will tell whether the program can best be achieved by integrating the material within many courses at various levels, by a comprehensive course at the eleventh or twelfth grade, or whether we shall find a combination of these valuable.

Courses in College

At the present time, colleges are rapidly developing courses in the psychology of personal adjustment and the psychology of marriage and staffing these courses with psychologically trained people who are also given time to follow through on the individual counseling which such group guidance stimulates. Much of what has been passing for counseling in our schools and colleges should really be called "program planning." There is a great need for better group and individual guidance during these crucial years.

Courses in Teacher Training Institutions

At least two of our state colleges are initiating general education programs which require all students to study the problems of personal adjustment the first semester and the problems of marriage and family relations the second. The third semester the problems of vocational adjustment are central, and the fourth semester the meaning of citizenship in a democracy. We anticipate the development of minors, majors, and graduate degrees in the field of marriage and family relations. Nearly all teacher training institutions are now planning for the in-service training of teachers in the field of sex and marriage education.

Family Service Agency

Every community should support a family service agency, staffed by people competent to advise individuals in difficulty regarding the community resources which are available for their assistance and also with sufficient psychiatric and psychological training to assist individuals with personal, marital or family relations. Such an agency should cooperate very effectively with the school guidance services, and with the adult education program in giving group guidance through the medium of adult study programs. High school seniors might well visit the agency and be made aware of its services as a referral and counseling agency.

Education for Family Living Is a Lifelong Process

All of this background should help the individual who leaves school not to think he has all the answers but to have an appreciation of the value of such psychological help as is available through books, group discussions, and individual guidance facilities. This should stimulate the individual to face his adult problems and to maintain a program of lifelong learning in terms of changing needs. Education for family living recognizes the great importance of educating the emotions as well as the intellect and developing skills in human relationship through participation in democratic groups. Home, school, and community cooperation in a broad and comprehensive program of recreation including family camps, play nights at school, parent participation as leaders of youth groups, etc., offers untold possibilities.

Adult education should organize a program which would enroll out-of-school youth, expectant parents, young parents, parents of adolescents, middle-aged parents, and grandparents helping each to meet the personal and family problems common to the various stages of life. Radio, motion pictures, and the other mass media can be used to reach an increasing number of people.

Active participation and leadership in the P. T. A. with its increasing effectiveness as an adult education and social action group concerned with the total welfare of children, should help adults live happier and more meaningful lives.

Personnel Notes

Newly appointed Assistant Chief of the Bureau of Hospitals is Mr. Gordon R. Cumming.

Mr. Cumming, a graduate of the University of California, was formerly executive assistant to the director of the Los Angeles County General Hospital. During the recent war he served in the Pacific area and attained the rank of major in the Medical Corps of the U. S. Army.

Miss Julia M. Anderson joined the staff of the Bureau of Public Health Nursing on February 1st as a General Public Health Nursing Consultant. She will give assistance with the student field training program.

Miss Anderson comes to the Department from Denver where she was employed as Assistant Professor of Public Health Nursing and Field Coordinator by the University of Colorado School of Nursing. Prior to this, Miss Anderson served with the Army Nurse Corps. She graduated from the Huntington Memorial Hospital in Pasadena and took her university work at Minnesota and Washington.

Vocational Rehabilitation Office

Headquarters of the State Department of Education's Bureau of Vocational Rehabilitation has a new address: Room 105, 1320 K Street, Sacramento.

The office was formerly located at 705 California Street, Sacramento.

The Sacramento District Office of the Bureau is continuing at its present location, 705 California Street.

Symposium on Antibiotics Research Planned for April

The Second National Symposium on Recent Advances in Antibiotics Research sponsored by the Antibiotics Study Section of the National Institute of Health, for the purpose of promoting and stimulating research in the field of antibiotics, will be held in Washington, D. C., on April 11th and 12th.

All persons interested are invited not only to attend these meetings but also actively to participate in the proceedings by the presentation of reports of their current investigations in this field.

Further information is available from Dr. Leonard Karel, Executive Secretary, Antibiotics Study Section, Division of Research Grants and Fellowships, National Institutes of Health, Betheseda 14, Maryland.

The Problem of California's Severely Handicapped

At least 13,900 severely handicapped, mentally normal, Californians are in need of long-term rehabilitation services not now available, the State Departments of Education and Public Health reported in a study submitted to the present session of the State Legislature.

The report of "The Problem of Severely Handicapped and Spastic Children and Adults," which was requested by the Legislature in 1947, recommends the establishment of a rehabilitation center which would offer "treatment, care, education and training of crippled persons who are of normal mentality but who are so severely handicapped physically that they cannot be adequately cared for under the present program nor in the home."

The suggested center, containing not less than 250 beds, would provide the following services to both inpatient and out-patient cases including those so severely disabled that they require a permanent home:

Treatment

1. Medical—general and specialized
2. Physical therapy
3. Occupational therapy and training in self-help
4. Speech therapy

Education

1. Academic training equivalent to public school program
2. Speech correction
3. Vocational training and guidance

Sheltered and Curative Workshops

1. Sheltered—for permanent disabilities
2. Curative—for those who will be placed eventually in industry.

General

Related services not specifically covered above and including social services, recreation, etc.

Under the proposed plan, the center would be administered by the Department of Education with authority to contract with public or private agencies to provide services required. The Department of Public Health or other medical agencies would provide medical services.

Proposed sources of funds for such centers are:

1. Plans construction and equipment—Special appropriation to the Department of Education. ($4,000,000.)

2. Maintenance and operation—Special appropriation to the Department of Education. ($600,000—in future periods only.)

3. Treatment services—Increase in budget of Department of Public Health or other medical agencies. ($200,000 in future periods only.)

4. Educational services workshops and general—Funds from average daily attendance plus special appropriations if required. (A.D.A., $100,000.)

The study disclosed these problems of the severely handicapped mentally normal individual which are not now being met:

1. Although the program for case finding and diagnosis of severely handicapped children is reasonably adequate, there is no comparable program for severely handicapped adults. The effectiveness of the case finding and diagnostic services appears to be in direct proportion to the availability of treatment services.

2. Adequate facilities are not available for the treatment of handicapped children and adults in isolated rural areas.

3. There are no facilities for long-time treatment, maintenance, education, and vocational training of severely handicapped children and adults.

4. There are at conservative estimates 11,000 adults and 2,880 children severely handicapped physically, but mentally normal, needing long-term rehabilitation services, whose needs are not met by the present program.

Examination Announcements

The State Personnel Board has scheduled the following examinations in the field of public health:

	Final date to file applications	*Examination date*
Dentist	March 12, 1949	April 2, 1949
Senior dentist	March 12, 1949	April 2, 1949
Vector control specialist	March 12, 1949	April 2, 1949

Application forms and further information may be obtained from the State Personnel Board, 1015 L Street, Sacramento.

School Enrollment Rises

California's "war babies" are beginning to make their presence known in the State's schools.

From October 31, 1947, to the same date last year, enrollment in all types of graded classes increased 5.2 percent. More than 40 percent of the gain in enrollment occurred in kindergarten and grade one.

A total of 1,867,312 children and adults are now enrolled in California elementary and secondary schools.

Health Bills Now Being Considered by the State Legislature

The following are digests of several of the significant bills relating to public health now being considered by the State Legislature. Copies of bills may be obtained from the Legislative Bill Room, State Capitol, Sacramento, California.

Chronic Disease

Assembly Bill No. 1499 was introduced to implement the recommendations of the Chronic Disease Investigation ordered by the Legislature in 1947 (*California's Health,* January 31, 1948).

The bill proposes that the State Department of Public Health "conduct a program directed toward the reduction of deaths and disability from cancer and other chronic diseases and lists these seven specific responsibilities:

(a) Collect, analyze and make available statistical information on cancer and other chronic disease morbidity and mortality.

(b) Develop methods and sources for obtaining current data on chronic illness without resorting to universal, regular reporting of individual cases of all chronic diseases.

(c) Expand the tumor registry on a voluntary basis to include all hospitals, clinics, and where practicable, private physicians.

(d) Assist and participate in programs of advanced professional educational and training in the field of the chronic diseases.

(e) Encourage local communities to make available adequate facilities and services for the chronically ill; and advise and assist local health agencies in the development of locally administered programs for the prevention and control of cancer and other chronic diseases.

(f) Cooperate with research institutions and professional societies in a survey of research institutions in the State to determine what additional physical facilities are needed for conducting expanded research on the chronic diseases.

(g) Cooperate with all official agencies and all voluntary societies and organizations concerned with the chronic diseases, in the development, improvement, and coordination of necessary services and facilities for an effective chronic disease program.

Also proposed in the measure is the appointment of a permanent Advisory Chronic Disease Council which would advise and consult with the State Department of Public Health in carrying out the chronic disease program.

If passed, the legislation would become part of Chapter 2, Part 1, Division 1 of the Health and Safety Code.

Assembly Bill No. 1500, which was introduced at the same time, provides for the appropriation of an unspecified amount of money to the State Department of Public Health to be expended on the chronic disease program during the 1949-50 Fiscal Year.

Authors of Assembly Bill No. 1499 and 1500 are: John F. Thompson, San Jose; Arthur H. Connolly, Jr., San Francisco; Mrs. Kathryn T. Niehouse, San Diego; Willard M. Huyck, Beverly Hills; Ernest R. Geddes, Pomona; William B. Rumford, Berkeley.

Rheumatic Fever and Rheumatic Health Disease

Assembly Bill No. 1094 would appropriate $900,000 to the State Department of Public Health for the support of the rheumatic fever and rheumatic heart disease program.

Passage of this measure would make possible the program recommended in the report to the Legislature which was summarized in the February 15th issue of *California's Health.*

Authors of Assembly Bill No. 1094 are Mrs. Kathryn T. Niehouse, San Diego; William H. Rosenthal, Los Angeles; Frank Suckel, San Francisco; Howard K. Cramer, Fresno; Francis Dunn, Jr., Los Angeles.

Tuberculosis

Submitted as an urgency measure because "the continued prevalence of tuberculosis in the State constitutes a serious hazard to public health," Senate Bill No. 581 would increase subsidies to local governments caring for tuberculosis patients according to the following scale:

For the first 36,500 patient days care per year—From the present $2.30 per day to $3.25 per day.

For each of the second 36,500 patient days care per year—From the present $2.05 per day to $2.90 per day.

For all additional patient days care per year—Present $1.55 per day to $2.20 per day.

Senate Bill No. 581 was introduced by: Senators Nelson S. Dilworth, Riverside; Louis G. Sutton, Maxwell; W. P. Rich, Marysville; Fred H. Kraft, San Diego.

A companion bill, Senate Bill No. 720, introduced by Senator Dilworth, appropriates an unspecified sum to the State Department of Public Health to provide for the increased subsidy.

Also concerned with tuberculosis control is Senate Bill No. 682 introduced by Senator Dilworth. This measure strengthens the powers of the local health officer in the isolation and quarantine of infectious cases of tuberculosis. It provides that the health officer may examine persons if he has reasonable grounds to suspect them of having tuberculosis in an infectious stage. When the health officer has determined that quarantine or isolation of a particular case is necessary, written orders shall be issued and served upon the patient.

Responsibility for conforming to the order is placed upon the patient; violation is a misdemeanor. Upon conviction a patient, in addition to any other penalties which may be imposed by law, may be ordered by court confined until the isolation or quarantine order of the health officer is fully complied with, or is terminated by the health officer. Such confinement shall not exceed six months. Probation, not to exceed two years, may be ordered by the court, instead of confinement, if there is assurance of compliance with the orders of the health officer.

New and Additional Allotments in Mosquito Control Program

New contracts for mosquito control subvention funds have been made by the State Department of Public Health with mosquito abatement districts of Butte County and Fresno.

Butte County was given $21,800 in State funds with $5,115 going to Fresno.

At the same time, additional allotments were made to these mosquito abatement districts:

Delta (Tulare County)	$2,000
East Side (Stanislaus County)	5,000
Merced County	5,000
Sacramento-Yolo Bi-County	3,000
Tulare	3,700
Sutter-Yuba	6,800
Turlock	5,000

These allocations bring to $399,803.38 the total of state funds awarded to local agencies for mosquito control for the 1948-49 Fiscal Year.

Births, Marriages, Infant Deaths Decline in 1948

Although total deaths increased slightly during 1948, infant deaths, marriages, live births and stillbirths reported to the State Department of Public Health all showed declines over the previous year.

Here are the statistics for 1947 and 1948 as recorded by the Bureau of Records and Statistics:

	1948	*1947*
Deaths registered	98,737	96,734
Infant deaths *	6,787	7,191
Live births registered	240,753	246,119
Marriages registered	87,051	95,021
Stillbirths registered	3,912	4,001

* Included in "Deaths Registered."

One-Third of All 1947 Deaths Caused by Heart Disease

One-third of all deaths in California during 1947 were caused by diseases of the heart, according to tabulations recently released by the Department of Public Health's Bureau of Records and Statistics.

Second ranking cause of death in 1947 was the group including cancer and other malignant tumors. These accounted for almost 15 percent of all deaths registered.

Intercranial lesions of vascular origin, accidents, and diseases peculiar to the first year of life, in that order, were the other major causes of death.

Given below is the complete tabulation.

Deaths by Selected Cause: California, 1947

Cause of death	International list number	Number	Percent
Total, all causes		95,231	100.0
Important Diseases Usually Chronic in Nature			
Diseases of the heart, total	90-95	31,959	33.6
Chronic rheumatic diseases of the heart	90a; 92b,c; 93c; 95b	1,672	1.8
Diseases of coronary arteries and angina pectoris	94	11,328	11.9
Other diseases of the heart	90b; 91; 92a,d,e; 93a,b,d,e; 95a,c	18,959	20.0
Other Diseases of the Circulatory System	96-103	2,849	3.0
Cancer and Other Malignant Tumors (including Hodgkin's disease and leukemias and aleukemias)	44b,45-55 and 74	14,189	14.9
Cancer of the digestive organs and peritoneum	46	5,654	5.9
Cancer of the female genital organs	48, 49	1,672	1.8
Cancer of the breast	50	1,375	1.4
Cancer of other sites	45, 47, 51-55	4,772	5.0
Hodgkin's disease	44b	136	0.1
Leukemias and aleukemias	74	580	0.6
Intra cranial lesions of vascular origin	83	7,533	7.9
Nephritis[1]	130-132	3,839	4.0
Diabetes mellitus	61	1,996	2.1
Cirrhosis of the liver	124	1,782	1.9
Violent and Accidental Deaths[2]			
Suicide	163, 164	1,643	1.7
Homicide	165-168	585	0.6
Accidental deaths, total	169-195	7,308	7.7
Motor vehicle accidents	170	3,297	3.5
Other accidents	169, 171-195	4,011	4.2
Selected Communicable Diseases			
Pneumonia, all forms, and influenza	107-109 and 33	3,613	3.8
Pneumonia, all forms	107-109	3,466	3.6
Influenza	33	147	0.2
Tuberculosis, all forms	13-22	3,373	3.5
Tuberculosis of the respiratory system	13	3,089	3.2
Tuberculosis, other forms	14-22	284	0.3
Syphilis	30	863	0.9
Diarrhea and enteritis	119, 120	620	0.6
Poliomyelitis	36	55	0.1
Infectious encephalitis	37	47	*
Typhoid and paratyphoid fever	1, 2	17	*
Other infectious and parasitic diseases	1-44 excl. of above and 44b	352	0.4
Important Causes Limited to One Sex or Age Group			
Diseases of pregnancy, childbirth or the puerperium	140-150	235	0.2
Diseases peculiar to the first year of life	158-161	4,190	4.4
Premature birth	159	2,548	2.7
Other diseases peculiar to the first year	158, 160-161	1,642	1.7
Other Selected Causes			
Congenital malformations	157	1,266	1.3
All other specified causes		6,785	7.1
Ill-defined and unknown causes		132	0.1

[1] Includes acute nephritis.

[2] Exclusive of deaths during operations of war and legal executions.

* Less than 0.1 percent.

NOTE: Percents are not adjusted to the subtotals or total but are given as calculated.

SOURCE: State of California, Department of Public Health, Vital Statistics Records.

Where to Get Rocky Mountain Vaccine in California

Chick-embryo-type vaccine for Rocky Mountain spotted fever may be purchased in California from the following concerns:

Los Angeles	*San Francisco*
Lederle Laboratories	
2811 Leeward Ave. (Zone 5)	883 Mission St. (Zone 3)
Sharp and Dohme	
2821 East Pico Blvd. (Zone 23)	132 Second St. (Zone 5)
E. R. Squibb and Sons	
1855 Industrial St. (Zone 21)	690 Fourth St. (Zone 7)

The vaccine was formerly manufactured at the Rocky Mountain Laboratory of the U. S. Public Health Service in Hamilton, Montana, but was discontinued when it became available commercially.

The tick-tissue-type vaccine is no longer available from any source.

Columbia Offers Fellowship in Social Welfare

The Marian Paschal Public Welfare Fellowship, established by friends in honor of Miss Marian Paschal, the former secretary of the Independent Aid, Inc., will be awarded by the New York School of Social Work for a program of study to begin with the fall quarter, October 3, 1949.

The fellowship will carry a stipend of $1,725—$600 tuition, $1,125 maintenance—for a three-quarter (nine months) program of study.

The fellowship competition is open to candidates between 21 and 35 years of age who live outside the general metropolitan area of New York City; who hold a baccalaureate degree in arts, letters, science, or philosophy from an educational institution accredited by Columbia University, and who, through practice in the field of Public Welfare for a minimum of one year, have demonstrated qualifications for professional education.

The fellowships will be awarded to workers who are practicing and will return to practice in states where the number of professionally trained social workers is limited.

The fellowship applications, which may be obtained from the School, will be accepted through March 15, 1949; decisions on applications will be announced in June 1949.

Amendment Proposed to Hospital Act

An amendment to the U. S. Hospital Survey and Construction Act which would raise the authorized Federal contribution toward the program from 75 to 150 million dollars is now before the Congress.

The proposed amendment would also extend the program to 1955 and would provide additional government funds for planning hospital and health center facilities.

The measure, H.R. 2176, was introduced by Representative George Grant of Alabama.

California's School Age Population Shows 37.4 Percent Increase *

School Age Population

California's estimated school age population (5-17 years) as of July 1, 1947 was 1,687,000 as compared with 1,227,881 in the 1940 census according to a recent census release (P-25, No. 16). This was the largest increase in school age population for any state in the United States from 1940-1947; an increase of 459,000 or 37.4 percent.

The entire Pacific Coast region had a greater estimated increase of school age children than any other region of the country; an increase of 653,000 or 37 percent. Thirty-three states and the country at large actually lost population of school age between 1940-1947.

Voting Age Population

California had an increase of more than one-third in the civilian population twenty-one year old and over between April 1, 1940, and July 1, 1948, as compared with 12 percent increase for the United States as a whole. (Bureau of the Census release P-25. No. 15.) The civilian population under twenty-one years of age had an increase of 58 percent. For the United States this group had an increase of 9 percent.

The specific estimates for population under twenty-one and over twenty-one follow:

	Total population excluding armed forces overseas	*Civilian population*
21 years old and over		
July 1, 1948	6,802,000	6,714,000
April 1, 1940	4,885,541	4,846,711
Increase		
Number	1,916,000	1,868,000
Percent	39.2	38.5
Under 21 years of age		
July 1, 1948	3,230,000	3,180,000
April 1, 1940	2,021,846	2,010,659
Increase		
Number	1,208,000	1,169,000
Percent	59.7	58.1

* Compiled by the Population Committee, California Department of Public Health.

1948 Film Showings

At least 327,089 Californians viewed motion pictures and slides from the library of the Bureau of Health Education, State Department of Public Health, during 1948.

A total of 6,476 separate showings were reported for the same period.

The motion picture and slide library of the Department now contains 119 separate 16-mm. film titles, 39 slide firms, and five sets of 2 x 2 slides.

Materials from the library are distributed free on request to community groups and schools throughout the State. A catalogue of all items is available from the Bureau of Health Education, 760 Market Street, San Francisco 2.

Jail Sentence for Attempted Bribery

One to fourteen years in San Quentin was the sentence given Lorenzo Zerillo for attempted bribery of an official of the State Department of Public Health.

The defendant, president of a California cannery company, had, according to testimony at the trial, offered the bribe to have a quantity of foodstuffs released from quarantine.

Joint School Health Committee for Santa Barbara County

A permanent joint school-health committee of representatives from the county health department and the county schools has recently gone into operation in Santa Barbara County.

The committee will act as a coordinating and advisory group.

Membership in the group consists of these officers:

From the Schools

Director of Guidance, Supervisor of Child Welfare and Attendance, Health Coordinator, and General Supervisor.

From the Health Department

Directors of Maternal and Child Health, Sanitation, Public Health Nursing, and Health Education.

The county health officer, county superintendent of schools and Director of Education are ex officio members.

California Morbidity Report

January, 1949

CIVILIAN CASES

Reportable diseases	Week ending 1/8	1/15	1/22	1/29	Total cases Jan.	5-yr. median 1944-1948 Jan.
Amebiasis (amoebic dysentery)	8	11	6	6	31	
Anthrax						
Botulism						
Chancroid	11	2	14	15	42	
Chickenpox (varicella)	1,028	1,109	1,094	1,239	4,470	4,045
Cholera, asiatic						
Coccidioidal granuloma	3		1		4	
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)						
Dengue						
Diarrhea of the newborn	1		1	1	3	
Diphtheria	10	7	18	8	43	127
Dysentery, bacillary	11	11	7	3	32	
Encephalitis, infectious			1	1	2	3
Epilepsy	46	50	63	42	201	
Food poisoning	1	1			2	
German measles (rubella)	90	168	155	217	630	
Glanders						
Gonococcus infection	519	449	503	482	1,953	
Granuloma inguinale		1	1		2	
Influenza, epidemic	24	21	32	29	106	2,305
Jaundice, infectious		6	6	5	17	
Leprosy						
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	4	2	3		9	
Malaria	1	1	1		3	8
Measles (rubeola)	627	661	810	954	3,052	2,010
Meningitis, meningococcic	7	7	6	7	27	38
Mumps (parotitis)	699	1,027	926	894	3,546	2,436
Paratyphcid fever, A, B and C	1	1			2	
Plague						
Pneumonia, infectious	25	36	48	50	159	421
Poliomyelitis, acute anterior	57	59	48	32	196	21
Psittacosis						
Rabies, human						
Rabies, animal	5	6	7	2	20	40
Relapsing fever						
Rheumatic fever	11	13	11	9	44	
Rocky Mountain spotted fever						
Scarlet fever	83	95	128	127	433	886
Streptococcic sore throat	15	20	12	24	71	
Smallpox (variola)						
Syphilis	310	273	321	278	1,182	
Tetanus						
Trachoma		2			2	
Trichinosis						
Tuberculosis, pulmonary	166	154	147	167	634	
Tuberculosis, other forms	10	6	9	11	36	
Tularemia						
Typhoid fever	3	2	1	4	10	9
Typhus fever						
Undulant fever (brucellosis)		1		2	3	19
Whooping cough (pertussis)	54	55	65	54	228	517
Yellow fever						
Spirochetal jaundice						
					17,195	

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